



(Assistant Examiner) (Date)

**TUAN HO**  
**PRIMARY EXAMINER**  
(Primary Examiner) 2/10/00 (Date)

**Total Claims Allowed:** 51

O.G.  
Print Claim(s)  
1

O.G.  
Print Fig.  
3, 4

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
	7	41	31	46	61		91		121		151		181		
2	2	35	32	47	62		92		122		152		182		
3	3	44	33	48	63		93		123		153		183		
4	4		34	49	64		94		124		154		184		
	5		35	50	65		95		125		155		185		
	6		36	51	66		96		126		156		186		
5	7	8	37		67		97		127		157		187		
6	8	25	38		68		98		128		158		188		
7	9	42	39		69		99		129		159		189		
1	10		40		70		100		130		160		190		
10	11		41		71		101		131		161		191		
	42		42		72		102		132		162		192		
19	13	9	43		73		103		133		163		193		
20	14	11	44		74		104		134		164		194		
21	15	12	45		75		105		135		165		195		
	16	13	46		76		106		136		166		196		
	17	14	47		77		107		137		167		197		
22	18	15	48		78		108		138		168		198		
23	19	16	49		79		109		139		169		199		
24	20	17	50		80		110		140		170		200		
18	21	26	51		81		111		141		171		201		
27	22	28	52		82		112		142		172		202		
	23	29	53		83		113		143		173		203		
36	24	30	54		84		114		144		174		204		
37	25	31	55		85		115		145		175		205		
38	26	32	56		86		116		146		176		206		
	27	33	57		87		117		147		177		207		
	28	34	58		88		118		148		178		208		
39	29	43	59		89		119		149		179		209		
40	30	45	60		90		120		150		180		210		